Complete Summary

TITLE

Hepatitis C: percentage of patients aged 18 years and older with a diagnosis of chronic hepatitis C who are receiving antiviral treatment for whom quantitative HCV RNA testing was performed at 12 weeks from initiation of antiviral treatment.

SOURCE(S)

American Gastroenterological Association Institute, Physician Consortium for Performance Improvement®. Hepatitis C physician performance measurement set. Chicago (IL): American Medical Association (AMA); 2008 Jun. 42 p. [4 references]

Measure Domain

PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the Measure Validity page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is used to assess the percentage of patients aged 18 years and older with a diagnosis of chronic hepatitis C who are receiving antiviral treatment for whom quantitative hepatitis C virus (HCV) ribonucleic acid (RNA) testing was performed at 12 weeks from initiation of antiviral treatment.

RATIONALE

Monitor effectiveness of antiviral therapy. An early virologic response (EVR), during the first 12 weeks of therapy, is a valuable clinical milestone. In the absence of an EVR, the likelihood of an SVR is 0-3%. If the only goal of therapy is to achieve an SVR, therapy can be discontinued after 12 weeks if an EVR is not achieved. Potentially, histologic benefit can accrue even in the absence of an SVR;

therefore, some authorities treat beyond 12 weeks even in patients who have not achieved an EVR. For documentation of a virologic response at the end of therapy (end-of-treatment response) or an SVR greater than or equal to 6 months after completing therapy, a more sensitive quantitative assay with a lower limit of less than or equal to 50 IU/mL, if available, or a qualitative hepatitis C virus (HCV) ribonucleic acid (RNA) assay is recommended.*

*The following clinical recommendation statements are quoted verbatim from the referenced clinical guidelines and represent the evidence base for the measure:

Baseline and 12-week monitoring of HCV RNA levels should be performed with the same quantitative amplification assay. An EVR, defined as a greater than or equal to 2-$\log_{10}$ reduction in HCV RNA levels during the first 12 weeks of therapy, is a valuable clinical milestone. (American Gastroenterological Association [AGA])

Clinical and virologic monitoring during therapy should be conducted at intervals ranging from once a month to once every 3 months. Frequent hematologic monitoring is necessary to identify marked anemia, neutropenia, and thrombocytopenia; monitoring of thyroid stimulating hormone level is indicated to identify hypothyroidism and hyperthyroidism. (AGA)

PRIMARY CLINICAL COMPONENT

Chronic hepatitis C virus (HCV); quantitative HCV; ribonucleic acid (RNA) testing

DENOMINATOR DESCRIPTION

All patients aged 18 years and older with a diagnosis of chronic hepatitis C who are receiving antiviral treatment (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary)

NUMERATOR DESCRIPTION

Patients for whom quantitative hepatitis C virus (HCV) ribonucleic acid (RNA) testing was performed at 12 weeks from the initiation of antiviral treatment

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

NATIONAL GUIDELINE CLEARINGHOUSE LINK

- American Gastroenterological Association medical position statement on the management of hepatitis C.

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Unspecified

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Internal quality improvement
National reporting

Application of Measure in its Current Use

CARE SETTING

Ambulatory Care
Physician Group Practices/Clinics

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Individual Clinicians

TARGET POPULATION AGE

Age greater than or equal to 18 years

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

Unspecified

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

Unspecified

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Living with Illness

IOM DOMAIN

Effectiveness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

All patients aged 18 years and older with a diagnosis of chronic hepatitis C who are receiving antiviral treatment

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions
All patients aged 18 years and older with a diagnosis of chronic hepatitis C who are receiving antiviral treatment

Exclusions

- Documentation of medical reason(s) for not performing quantitative hepatitis C virus (HCV) ribonucleic acid (RNA) testing at 12 weeks from the initiation of antiviral treatment
- Documentation of patient reason(s) for not performing quantitative HCV RNA testing at 12 weeks from the initiation of antiviral treatment

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

DENOMINATOR (INDEX) EVENT

Clinical Condition
Encounter
Therapeutic Intervention

DENOMINATOR TIME WINDOW

Time window is a single point in time

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions
Patients for whom quantitative hepatitis C virus (HCV) ribonucleic acid (RNA) testing was performed at 12 weeks from the initiation of antiviral treatment

Exclusions
None

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Fixed time period

DATA SOURCE

Administrative data
Medical record

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Measure #5: HCV RNA testing at week 12 of treatment.

MEASURE COLLECTION

The Physician Consortium for Performance Improvement® Measurement Sets

MEASURE SET NAME

Hepatitis C Physician Performance Measurement Set

SUBMITTER

American Medical Association on behalf of the American Gastroenterological Association Institute and Physician Consortium for Performance Improvement®

DEVELOPER

American Gastroenterological Association Institute
Physician Consortium for Performance Improvement®

FUNDING SOURCE(S)

Unspecified

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FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST

Conflicts, if any, are disclosed in accordance with the Physician Consortium for Performance Improvement® conflict of interest policy.

ENDORSER

National Quality Forum

INCLUDED IN

Ambulatory Care Quality Alliance
Physician Quality Reporting Initiative

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2006 Dec

REVISION DATE

2008 Jun

MEASURE STATUS

This is the current release of the measure.

SOURCE(S)

American Gastroenterological Association Institute, Physician Consortium for Performance Improvement®. Hepatitis C physician performance measurement set. Chicago (IL): American Medical Association (AMA); 2008 Jun. 42 p. [4 references]

MEASURE AVAILABILITY

The individual measure, "Measure #5: HCV RNA Testing at Week 12 of Treatment," is published in "Hepatitis C Physician Performance Measurement Set." This document and technical specifications are available in Portable Document Format (PDF) from the American Medical Association (AMA)-convened Physician Consortium for Performance Improvement® Web site: www.physicianconsortium.org.

For further information, please contact AMA staff by e-mail at cqi@ama-assn.org.

NQMC STATUS

This NQMC summary was completed by ECRI Institute on February 27, 2009. The information was verified by the measure developer on May 21, 2009.

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Date Modified: 7/27/2009